



Kentucky's New Mass Murderer

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▲ Bags of black tar heroin, like these, are being seized in mass numbers by law enforcement in northern Kentucky and Jefferson County. Quickly taking the place of prescription pills as the drug of choice, heroin is claiming the lives of its addicts in unparalleled numbers.

PHOTO BY JIM ROBERTSON

In the corners of supermarket parking lots, in dilapidated public restrooms, at fast-food drive-thru windows and at grungy gas station pumps, Kentucky residents are losing their gamble on life. Star high-school athletes, beautiful teenage girls, successful businessmen, parents with their children in the back seat — found slumped over with needles sometimes still in their arms — are doped up and dead.

“This is killing people in numbers that are unparalleled to anything else that’s used or abused in our society,” said Bill Mark, director of the Northern Kentucky Drug Strike Force.

The culprit? Heroin.

A massive heroin addiction seems to have grasped parts of the commonwealth, especially northern Kentucky and Jefferson County, where the Administrative Office of the Courts reports that in 2011, Boone, Kenton, Campbell and Jefferson counties alone made up nearly 85 percent of all heroin-related court cases in the state. Law enforcement officers and community leaders are struggling to keep up as they search for effective ways to loosen the drug’s grip on their towns and citizens.

THE SLIPPERY SLOPE

For several years, Kentucky has been battling prescription pill addiction. Through

legislation, a crackdown on the ‘pill pipeline’ from Florida and putting pill mills and corrupt pain clinic doctors out of business, Kentucky’s oxycodone addicts have been forced to find another fix for their intense opiate addictions.

“Cracking down on doctors handing out pills like jelly beans at Easter means that pills aren’t readily available anymore,” said Bellevue Police Capt. Jimmie Poynter. “So, as drug abusers do, they move from one to the other, and heroin is our thing. It’s gotten so cheap, they can buy heroin cheaper than prescription pills.”

Like oxycodone, heroin is an opioid, making it a natural and easy transition for a person already addicted to Oxycontin or Opana. For example, a December 2012 Louisville Metro Police Narcotics Division report said that the average price for a 40 milligram Opana tablet is approximately \$150, with many addicts using up to four tablets per day — a \$600 per day habit. Whereas heroin is available for approximately \$25 per bag, meaning that a daily habit of four bags is only \$100.

“A lot of our education efforts are targeted at teens, and the message we try to drive home is to prevent prescription-drug abuse because we see it as the slippery slope that will lead to heroin,” Mark said.

Despite the similar opiate origin of oxycodone and heroin, the drugs differ greatly in control. Prescription pills have been >>

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Even small communities like Bellevue are no stranger to the effects of the heroin epidemic threatening northern Kentucky. Capt. Jimmie Poynter and Officer William Catron are among those working hard to target users and dealers and drive them out of their town.

PHOTO BY JIM ROBERTSON

>> legitimately created by pharmaceutical companies with rigid standards.

“With heroin you never know how much it’s been stomped on, or diluted,” Bellevue Patrol Officer William Catron said. “[They] used to take an Oxy pill and knew what it would do to [them], but [heroin] is like buying an Oxy pill from some unlicensed pharmacist who has no idea what he’s doing when he makes it.”

“Because there is no control over the quality or purity,” Mark agreed. “You can have an individual used to buying a half gram from one dealer, then gets a half gram from another dealer and puts it in his arm and 10 minutes later, he’s dead.”

An upsurge in overdose deaths and hospital admissions can be a mark of

heroin moving into an area. The sole hospital provider for northern Kentucky, Saint Elizabeth Healthcare, saw a 77 percent increase in emergency department overdose admissions from 2011 to 2012, Mark said. In northern Kentucky alone, between June and August 2012, the Kentucky Medical Examiner’s Office reported 51 drug overdose deaths, 42 of which were from Boone, Kenton and Campbell counties.

The growth of heroin use and availability is staggering. In 2008, Louisville reported only 32 heroin-related arrests. By 2010, that number nearly quadrupled to 120 arrests and, as of Nov. 24, 2012, Louisville Metro police had arrested 676 individuals on heroin related charges just in that

year. Likewise, their heroin seizures have skyrocketed. A little more than 123 grams of heroin were seized in 2008, compared to 28,683 grams in 2011.

But getting a handle on the issue could prove more difficult than that of prescription pills, LMPD Lt. J.T. Duncan said.

“When we went after doctors and pain clinics, you had a lot of doctors over prescribing to 300 or 500 people — that’s a lot of victims,” he said. “Taking out one bad doctor or pain clinic made a big difference. But taking out one heroin pusher, you’re only taking out a supply to 10 to 20 people.”

THE RIPPLE EFFECT

And for the users lucky enough to escape death, they are the root of a wave of other

criminal activity plaguing these Kentucky communities.

LMPD’s Narcotics Division reported that in the 4th, 5th, 6th and 7th divisions they have seen a dramatic rise in heroin-related crime, with an estimated 60 to 80 percent of property crimes being committed by heroin users. The 7th Division reported dealing with offenders as young as 15 addicted to heroin.

And the story is the same in northern Kentucky communities.

“We saw a spike in burglaries,” Bellevue’s Poynter said. “And not your typical burglaries where they ransacked the house and stole TVs. They were going to specific locations to where a specific gun collection was stored ... they walked past laptops >>

Defying Death

If there ever was a drug that could literally bring people back to life, Narcan is about as close as you can come. Narcan (generic name *naloxone*) is an opiate antidote. Opioids include heroin as well as prescription opiates like morphine, codeine, OxyContin, methadone and Vicodin. Narcan is a prescription medicine that blocks the effects of opiates. If a person has taken opiates and is then given Narcan, the opiates will be knocked off the opiate receptors in the brain, reversing the effects of an opiate overdose, including restoring breathing that has stopped or slowed down.

Death typically does not occur until several hours after an opiate overdose, which provides a window of opportunity for witnesses to intervene by calling 911, allowing rescue squads to administer Narcan.

“If it weren’t for Narcan, we’d have dead people lying all over the place,” Bellevue Police Capt. Jimmie Poynter said. “You go up and inject them with it and within a minute, they come up fighting. I’ve gone to houses where [the drug abuser] is cold and blue, then Narcan came around and the squad comes in and says let’s try this. Suddenly they were brought back to life. You really have to see it to believe it.”

Narcan is usually given by injection into veins or muscles and generally works within about five minutes. Narcan cannot be abused or used to get a person high. If given to a person who has not taken opiates it will not have any effect on them.

“Sometimes you’ll have someone come up fighting mad because you ruined their high,” Covington Police Specialist Justin Tucker said. “And you think, ‘But I just saved your life.’”

Narcan starts to wear off after about 30 minutes and is mostly gone after about 90 minutes. By this time the body has metabolized enough of the opiates that the user is unlikely to stop breathing again. However, in some cases — such as after taking a massive dose or long-acting opiates like methadone — the patient might need another dose and longer medical observation. ■

▼ Bridges spanning from Cincinnati to northern Kentucky towns act as drug locomotives, easily allowing heroin to infiltrate communities, large and small, throughout the northern Kentucky area.



PHOTO BY JIM ROBERTSON

>> and even cash. They are targeting family members because they know what’s there and where it is.”

Bellevue’s Catron agreed.

“They are all very similar, going for jewelry.” He said. “Three of the last four burglaries we worked and solved have been drug related. The first two things we look for are jewelry and pills. Jewelry is easy to pawn without having too much information.”

Bellevue also has experienced theft from vehicles and armed robbery, which pointed back to heroin abusers stealing to support their habit.

“They’ll do anything, absolutely anything to get the drug,” Catron said. “That’s where prostitution comes in — girls know they can do that and make \$50.”

“These are beautiful young girls that had the world,” Poynter added. “They could have married a nice guy and settled down, and for whatever reason they got hooked. Now, they trade sex for heroin and are doing prostitution to support [their habit].”

Covington also is dealing with an ever-increasing prostitution problem related to heroin addiction.

“Prostitution is a big one we’ve targeted because they’re doing it because they are addicted, not because they want to — it’s not necessarily a life choice,” Covington Police Chief Spike Jones said. “I talk to my officers about recognizing that.

“In turn, prostitutes tend to know everything going on in the city,” he continued.

“They are the eyes and ears on the street. If there is a homicide within a few blocks, a prostitute will know who’s involved or have heard of someone who’s involved. They are a huge source of information. We are targeting them for those reasons as well, because we can derive a lot more information when they choose to cooperate, seek treatment and get help.”

Kentucky’s heroin issue does not have the same face that most would expect. Demographically it’s across the board, Mark said.

“Men, women, inner city, suburbs, affluent families — everybody,” he said.

“There really isn’t a part of the region that is untouched by it. It’s frightening, really frightening.”

Covington Chief Jones recalled public service announcements from the 1970s that depicted heroin junkies in alleys, disheveled and laying in gutters.

“That’s not the people we are seeing addicted to heroin today — it’s a completely different demographic,” he said. “It’s way cheap, cheaper now than pot. And apparently the first few times the buzz is really good, very intoxicating. But after that, it’s just about getting well — that’s the horrible thing about it. Soon they’re not so much doing it to get high as much as to get well, to keep their feeling of normalcy and keep from withdrawal. Too much heroin can kill you — going through withdrawal can kill you.”

‘THOSE DARN BRIDGES’

But with the steady supply of heroin coming out of neighboring Cincinnati, an addict looking for his or her next fix doesn’t have to search very far.

“Most of our heroin comes from Cincinnati,” Catron said. “Most of our people are users, we have very few dealers and the dealers we do have are smaller scale. Though, we did just get somebody with 9.6 grams.”

“He was moving his way up the chain quickly, and he was on our radar,” Poynter added.

Cincinnati law enforcement struggles to combat it because it takes too many resources, Poynter said.

“Almost any person you talk to says they got it from a guy in Cincinnati named J or A,” Poynter said. “The dealers are constantly changing their names and phone numbers ... so you can’t pinpoint them. We try to get the ones we know are selling here.

“Heroin is a problem here because anybody can drive over (to Cincinnati) on Ray Street or Montana and pick up heroin on any street corner and drive back,” he added. “It’s that easy to get. Literally, you can go over there in a car, and they’ll approach your car. That darn bridge — but if it wasn’t for the bridge, we’d have bodies washing up. People would try to swim across to get it.”

Recognizing the bridge to Cincinnati as the biggest problem, Bellevue officers are combatting the issue with an aggressive focus on traffic stops, Catron said.

“The heroin problem is so bad now that if I see cars go through our city with Pendleton County license plates, if they are going [east], they just left Cincinnati buying heroin,” he said. “They won’t come in Hwy. 471 anymore. They drop down and come in Route 8 because they think they won’t get stopped. Fort Thomas runs the heck out of the highway... so they know to stay off 471, and I-275. So we can bet anything coming through town with Pendleton County plates at an odd hour — they aren’t going to work. Everybody

else comes up the AA and 471 into town and doesn’t stop off here.”

Catron and other Bellevue officers typically look for multiple people in a car and other telltale signs that peak their interest. They use legitimate speeding, seatbelt and other minor violations to stop suspected vehicles.

“They make a lot of stops, but they make a lot of arrests out of those stops,” Poynter said. “We’re kind of blessed that we have the talent we do. [Catron] can take you down to the avenue and he can stand there and watch cars go by and tell you which ones have dope in them because of things he looks for and things that are always there.” >>

▼ Covington Police Chief Spike Jones has spent countless hours trying to figure out how to attack the heroin issues facing his community. He says partnerships and dedication are the only ways to battle the widespread addiction.



There are numerous bridges connecting Cincinnati to northern Kentucky towns, making heroin deals quick and easy. Dealers cross the bridge, meet for a sale in a gas station parking lot, and are back on the interstate to Ohio in a matter of minutes.

PHOTO BY JIM ROBERTSON

“Covington’s D-Team is a plain-clothes patrol unit focused on street-level crime. The unit cracks down on prostitution, car theft, copper theft and other property theft — the trickle down of the heroin-abuse problem.”

>> For both Bellevue and Covington, getting a handle on the issue is a matter of changing their strategy to more effectively address the major issues facing their communities — steering away from an emphasis on community-oriented policing and placing more emphasis on enforcement and patrol.

“The biggest complaints we were getting were, ‘There’s drugs or heroin on the street,’ or ‘There are prostitutes in front of my house,’” Covington’s Jones said. “So the question was, ‘What would you rather have, an officer at your block-watch meeting or an officer on your street?’

“That’s hard because since the ‘90s we’ve had community action teams that

interact with the community, but we can’t have both now,” he continued. “So I asked the community, ‘What is more important to you right now?’ They said, ‘I’d rather have a cop at my doorstep when I call, than a cop at my block-watch meeting.’ ... So we’ve taken that unit and turned it into D-Team by adding assets from our Narcotics Unit and others.”

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Even with a focus shift for the department, Jones said it still is not a cure

because they are addressing a societal ill as much as crime.

“It has to be a multi-faceted approach,” he said. “It will require a lot of collaboration and figuring out how to work more with federal government partners and the state legislature to make it more difficult for people to come into Kentucky to use these drugs. That’s what really is going to trip this thing.

“It is possible,” Jones continued, “but I’m not foolish enough to think that I can do it. It will take some dedicated and really motivated folks to beat this.”

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Covington Police Officer David Hoyle and Specialist Justin Tucker have become adept in perceiving and catching prostitutes. Prostitution is one of the growing issues facing Covington, which is directly related to heroin addiction. It is a means to obtain money to buy the drug.

PHOTO BY JIM ROBERTSON

Heroin in Eastern Kentucky: ‘It’s just a matter of time’

DALE G. MORTON | OPERATION UNITE

“Hillbilly Heroin” began devastating residents throughout southern and eastern Kentucky more than a decade ago, leading to the region being dubbed the “Prescription Painkiller Capital of the United States” by the *Lexington Herald-Leader* newspaper.

OxyContin and other forms of opioids still dominate the rolling hills and continue to be the drug of choice, according to officials with Operation UNITE (Unlawful Narcotics Investigations, Treatment and Education), created in 2003 in response to the epidemic. With tougher laws aimed at curbing prescription drug abuse and diversion, officials in the region believe things are about to change.

Other areas of the commonwealth have seen a rise in the use of heroin — which mimics the high of opioids for about the same price — UNITE and local law enforcement agencies are preparing for the inevitable.

“Heroin is slowly creeping into our region,” said Paul Hays, law enforcement director for UNITE. “As new legislation and tougher state and federal enforcement has cheated availability, people are looking for alternatives. While we’re not seeing a lot of heroin use, we are educating ourselves and bracing for it. It’s just a matter of time.

“We have been receiving information and buying heroin in the Rowan County area for about a year, and there are signs dealers are operating in Lawrence and Magoffin counties as well,” Hays continued. “We are seeing pockets of activity throughout the rest of southern and eastern Kentucky.”

Pills are still plentiful and easily available, reducing the need to seek other sources for a cheap high, Hays said, adding typically heroin is making a presence in communities where a dealer has an out-of-state source for the drug.

“Most heroin imported into Kentucky comes from northern states,” Hays said. “The pipeline follows a trail from a source to an established dealer. Many of these are family connections.”

An indicator of the popularity of any drug comes from UNITE’s drug treatment line, which fields more than 1,200 calls per month.

“During our screening process we ask what drugs they are using,” said Amy Yates, UNITE’s treatment director. “Although we are hearing that heroin is out there, at this time, heroin has not progressed enough for our department to be seeing anyone reporting its use.”

For more information about Operation UNITE visit its website at www.operationunite.org.



Heroin often is sold in tiny, colorful balloons. Some dealers have been labeled Pez dispensers, because one person in the car with the driver will hold these small heroin-filled balloons in his mouth and spit them into the buyer’s hand when the deal is made.

PHOTO BY JIM ROBERTSON